Kuhl, David McKeague, Priscilla Richman Owen, Charles W. Pickering, Henry W. Saad, William H. Pryor, William G. Myers, and Janice Rogers Brown. At least four other nominees were blocked by the mere threat of filibuster: Terrence Boyle, William Haynes, Brett M. Kavanaugh, and Susan B. Neilson.

Republicans then threatened retaliation with the so-called nuclear or constitutional option. That plan would have called upon Vice President CHENEY to rule that 51 votes could invoke cloture. That ruling would then be appealed, and under Senate procedure, a majority of 51 votes would sustain the ruling of the chair. In that manner, it was contemplated that at least 51 votes could be obtained from the 55 Republican Senators.

On May 23, 2005, the eve of a vote set for the following day to invoke the nuclear or constitutional option, the so-called ''Gang of 14''—7 Democrats and 7 Republicans—agreed to enter into a compromise to confirm Janice Rogers Brown, William Pryor, and Priscilla Owen, and to reject William Myers and Henry Saad, so there was never a determination as to whether Republicans had sufficient votes to invoke the nuclear/constitutional option.

With the 7 Democrats and the 7 Republicans in the ''Gang of 14'' breaking party lines, there would have been insufficient votes to maintain the filibusters or to invoke the nuclear/constitutional option. With 7 Democrats from the ''Gang of 14'' voting for cloture, there would have been 62 potential votes—55 Republicans and 7 Democrats—to invoke cloture. With 7 Republicans voting against the nuclear/constitutional option, there would have been a maximum of only 48 votes, 55 minus 7.

In order to break the filibuster impasse on the confirmation of Federal judges, I proposed S. Res. 327 on April 1, 2004 and S. Res. 469 on March 4, 2008. These resolutions provided for a 90-day timetable for fair consideration of all judicial nominees with the following benchmarks: within 30 days of the President submitting a judicial nomination, the Judiciary Committee would hold a hearing; within 30 days of the hearing, the committee would vote on the nomination; and within another 30 days, the Senate would hold an up-or-down vote on the nomination. I was willing to modify this timetable; but it would move the issue forward to some compromise timetable.

This rule change would not affect the existing rules that require 60 Senators to cut off debate on legislative matters. It would apply only to judicial confirmations.

The basis for the rule change was that public policy was better served by determining confirmation on professional qualification without engaging in the ''cultural wars'' to elevate ideology over professional judicial qualifications.

As a practical political matter, filibusters have not been used to block Supreme Court nominations, where there is substantial public visibility even though many Senators would like to have done so. The conventional wisdom was that in a high visibility situation like Supreme Court confirmations, many Senators would not support a filibuster unless a good reason could be publicly articulated to do so. With less visible circuit court nominees, that reluctance was absent.

For example, no filibuster was mounted against Justice Clarence Thomas even though there was substantial ideological opposition to his confirmation. Democrats did not have 60 votes to invoke cloture. Justice Thomas was ultimately confirmed 52–48. Similarly there was no effort to filibuster the nominations of Justice Ruth Bader Ginsberg or Justice Stephen Breyer even though there was substantial Republican ideological opposition. Justice Ginsburg was confirmed 96 to 3 and Justice Breyer was confirmed 87 to 9.

During the confirmation hearing of Justice Samuel Alito, the Democrats sought to gain traction about a filibuster trying to associate Justice Alito with the Concerned Alumni of Princeton, an organization which reputedly discriminated against women and minorities. The Democrats' effort failed to secure a subpoena for the Concerned Alumni of Princeton records and informal inquiries found no connection between that organization and Justice Alito. Thus, the effort to muster a filibuster sputtered and was not pursued.

During my travels through Pennsylvania during the August recess, I heard many complaints from my constituents at town meeting about partisanship in the U.S. Congress. The consistent comments were that people were sick and tired of partisan bickering. It is reflected in the public opinion polls which give the Congress very low ratings.

My proposed rule changes would have a profound effect on allowing the Senate to take care of the people's business by eliminating the gridlock and providing for up and down votes in the judicial nominating process based on professional competence and not ideology.

The PRESIDING OFFICER. The Senator from New Jersey is recognized.

UNANIMOUS-CONSENT REQUEST—S. 1375

Mr. MENENDEZ. Mr. President, I rise today because there are far too many women in America suffering in silence from postpartum depression and it is time to let them know that they are not alone. It is time to lift the veil of shame and secrecy—this condition is not their fault and they can get help.

The Melanie Blocker Stokes MOTHERS Act would establish the first comprehensive legislation to assist new mothers suffering from postpartum depression and educate women about this disabling condition that affects 800,000 women each year.

It would help provide support services to women suffering from postpartum depression and psychosis and would also help educate mothers and their families about these conditions.

In addition, it would support research into the causes, diagnoses and treatments for postpartum depression and psychosis.

It attacks postpartum depression on all fronts with education, support, and research so that new moms can feel supported and safe rather than scared and alone.

We know—doctors and psychologists know—that there are all too many mothers in need who are suffering in silence. All too many mothers are unaware of the condition and go without the treatment and support they so desperately need.

I introduced this bill because I was inspired by the story of Mrs. Mary Jo Codey—the former first lady of New Jersey—who publically shared her struggle with postpartum depression. It was her courage and strength that helped change New Jersey law—and now, hopefully, will help change our Nation's laws.

But postpartum depression affects women all over this country, not just in my home State, and that is why I was proud to introduce this legislation with Senator DURBIN and work with the support of Senator KENNEDY. I saw the companion legislation of Representative RUSH sail through the House—passing 382–3—and we were all set to pass this bill when one singular Senator signaled his objection, essentially blocked the bill, and the whole process ground to a halt.

One Senator's objections and American women are left without relief and support from a disabling and often undiagnosed condition affecting as many as one in five new mothers experiencing symptoms.

One Senator's objections, and American women are left without this strong program to make sure they no longer have to suffer in silence and feel alone when faced with this difficult condition.

One Senator's objections, and American women are left with few places to turn when they show signs of depression, lose interest in friends and family, feel overwhelming sadness or even have thoughts of harming the baby or themselves.

Many new mothers sacrifice anything and everything to provide feelings of security and safety to their newborn child. It is our duty to provide the same level of security, safety and support to new mothers in need.

We were on our way to taking those steps when a single Senator stepped in and blocked it from happening.

For the millions of American women who have suffered or soon will suffer from postpartum depression we need to pass this bill today.

I ask unanimous consent that the HELP Committee be discharged of S. 1375 and that the Senate immediately proceed to S. 1375; that all after the enacting clause be stricken and that an amendment at the desk consisting of the text of subtitle (d) of title I of S. 3297 be inserted in lieu thereof; that the amendment be considered and agreed to, the bill, as amended, be read a third time, passed, and the motions to reconsider be laid upon the table, with no intervening action or debate.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. CRAIG. Mr. President, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. MENENDEZ. Mr. President, I assume my distinguished colleague from Idaho is objecting on behalf of Senator COBURN, and I understand if that is the case.

I have a problem in that we have a process that has festered where one person suddenly believes that they are the guardian of what is good and what is not. I always get concerned when suddenly one person in an institution believes they can use the powers that are reserved largely for the purposes of ensuring that something they feel so passionate about or so strongly about and to protect the powers of the minority can be preserved, but then it get abused and hundreds of pieces of legislation get stopped by one Senator.

Now, I intend to continue to push this because I want mothers throughout this country to understand who is blocking their way from having the type of access and help that is necessary to be able to ensure that, in fact, they do not have to go through these depressions alone.

We have many stories across the landscape of the country of mothers who did not know they were having post partum depression, and the consequences were that they thought about hurting their children and hurting themselves. We can do far better.

When the House of Representatives passed this very same bill, and we changed it to accommodate our colleagues on the Republican side of the aisle in the HELP Committee, but passed it 382 to 3—382 to 3—the reality is, something is wrong when one Senator believes he or she can stop the progress on behalf of millions of women in this country.

I am going to come to the floor of the Senate time and time again. I want American women to know who is the impediment to the opportunity for them to get the help they need. I want mothers to know who is the impediment to get the help they need. I want families to know who is the impediment to get the help they need. I want husbands to know who is the impediment to have their spouses get the help they need, and that is one Senator—one Senator.

ORDER FOR RECESS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate recess subject to the call of the chair following the remarks of Senator CRAIG.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MENENDEZ. Mr. President, I had another statement, but I see Senator CRAIG is here. Even though I know he objected to my request on behalf of someone else, I am going to yield the floor and come back at a later time.

The ACTING PRESIDENT pro tempore. The Senator from Idaho is recognized.

Mr. CRAIG. I thank my colleague for his generosity. I understand the time constraints he was under under his UC. I appreciate that a great deal.

I certainly object for this side because it had not been cleared, and following the standard procedures of this Senate, no Senator comes to the floor in the absence of others and makes the unanimous consent request expecting it to pass. So I was speaking on behalf of the Republican side where a Senator has not yet cleared this bill. It was not a reflection of my own attitude or concern over the issue.

HEALTH CARE

Mr. CRAIG. Mr. President, I have come to the Senate floor often over the last good number of years to speak about a variety of issues. In the last 4 or 5 years, I spoke of my concern over a lack of a national energy policy and the productivity of the great private sector in our country to produce energy for the American consumer and the inability of public policy or political figures to allow that to happen for all kinds of reasons, and obviously we have now experienced one of the greatest energy shocks in our country's economy. Yet we still stand still today, immobile in our ability to deal with it for a variety of reasons.

Today, I do not come to the floor to speak about energy. I am here today to speak about two health care issues that are important to our Nation: accessibility to health care services and health care for veterans.

As chairman of the Veterans' Affairs Committee, I had the opportunity to learn more about the phenomenal job the Department of Veterans Affairs does to provide health care to our Nation's veterans. VA runs facilities across the country that employ some of the finest doctors, nurses, and other health care professionals.

These are dedicated men and women who provide world class health care to our Nation's heroes. The VA is also a training ground for many of our Nation's health care professionals. According to the American Association of Medical Colleges, more than half—yes, that is right, more than half—of our Nation's physicians receive some part of their medical training in VA hospitals.

Over 28,000 residents and nearly 17,000 medical students rotate through the VA health care system each year. Clearly, VA has become an invaluable piece of the health care system for all Americans.

At the same time, the VA is a separate health care system within our Nation and creates a certain disconnect. The focus of the VA has been on establishing a system that is dependent upon bricks and mortar and a fixed location.

In the vast majority of situations, veterans enrolled in the VA health care system must receive health care at VA facilities unless they want to pay for care through private insurance or out of their own pockets. This means that veterans who do not live near a VA facility have a more difficult time accessing VA care because of where they choose to live.

To address this, VA aims to build facilities in strategic locations to serve the greatest number of veterans. I am pleased that in the past few years VA increased the number of outpatient clinics in my State of Idaho. Unfortunately, these new clinics cannot completely resolve all of the issues or serve veterans in a total way.

I am sure all of my colleagues, and particularly those who represent rural States such as my home State of Idaho, have heard from veterans who wish they could utilize their VA health care benefits at a facility closer to their home. It is a significant barrier to care when a veteran has to drive for several hours to reach a VA facility.

An elderly veteran, possibly in his or her seventies or eighties, driving literally hundreds of miles to get to that VA facility, is in itself not only impractical, in many instances it is impossible for that veteran. We also need to consider health care access for the general population. It is no surprise that our Nation is facing a crisis when it comes to having an adequate supply of health care professionals.

According to a July 2007 report of the American Hospital Association, U.S. hospitals need approximately 116,000—that is right, 116,000—registered nurses to fill vacant positions. This is a national RN vacancy rate of about 8.1 percent.

Another study estimates that the shortage of RNs could reach 500,000 by 2025. I did the math on my age and determined that is about when I am going to start needing possibly more health care provided by health care professionals. At this moment, we are suggesting this will be the period of time when there will be potentially the greatest shortage.

An aging workforce, a shortage of slots in nursing schools, and an aging population that is living longer and therefore requiring more health care services are all contributing to this nursing shortage. This shortage in health care providers is not limited to nurses. In the 2006 report by the Health Resources and Services Administration, they project a shortfall of around 55,000 physicians by 2020. In addition, various studies have indicated current